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|  |                      |  |  |          |  |                      |   |          |  |          |  |          |
|--|----------------------|--|--|----------|--|----------------------|---|----------|--|----------|--|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |                      | Docket No. (Optional)<br>H6808.0004/P004 |  |          |  |                      |   |          |  |          |  |          |
| <div style="display: flex; justify-content: space-between;"><div>In re Application of     Atsushi Takane, et al</div></div> <div style="display: flex; justify-content: space-between;"><div>Application Number<br/>10/082,286</div><div>Filed<br/>February 26, 2002</div></div> <div style="display: flex; justify-content: space-between;"><div>For:     SEMICONDUCTOR INSPECTION SYSTEM</div></div> <div style="display: flex; justify-content: space-between;"><div>Group Art Unit     2881</div><div>Examiner     P. Johnston</div></div>   |                      |  |  |          |  |                      |   |          |  |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$            410.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number     04-1073</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34(a)     39,803</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><u>February 12, 2003</u><br/>Date</div><div style="text-align: center;"><br/>_____<br/>Signature</div></div> <div style="text-align: center; margin-top: 10px;">William E. Powell, III<br/>_____<br/>Typed or Printed Name</div> |                      |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$            410.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ _____             |  |  |          |  |                      |   |          |  |          |  |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$            410.00 |  |  |          |  |                      |   |          |  |          |  |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$ _____             |  |  |          |  |                      |   |          |  |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$ _____             |  |  |          |  |                      |   |          |  |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$ _____             |  |  |          |  |                      |   |          |  |          |  |          |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>  |                      |  |  |          |  |                      |   |          |  |          |  |          |
| <div style="display: flex; align-items: center;"><input type="checkbox"/> <u>1</u> forms are submitted.</div>  |                      |  |  |          |  |                      |   |          |  |          |  |          |

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